

PPO Benefit Comparison – 2012 Plan Year Brief Explanation of Benefits

	Prior Coverage Health Net PPO		New Coverage Effective 1/1/12 UnitedHealthcare PPO (UHC)	
	PPO*	Non PPO**	PPO*	Non PPO***
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year	\$500 Ind.		\$500 Ind.	\$1,000 Ind.
Deductible	\$1,500 Fam.		\$1,000 Fam.	\$2,000 Fam.
Out of Pocket Maximum	\$4,000 each member	\$6,000 each member	\$4,500 Ind.	\$9,000 Ind.
			\$9,000 Fam.	\$18,000 Fam.
Lifetime Maximum	No Maximum Benefit		No Maximum Benefit	
Physician Office Visit	\$20 co-pay (deductible waived)	40% after deductible	\$10 co-pay (deductible waived)	40% after deductible
Specialist Office Visit	\$20 co-pay (deductible waived)	40% after deductible	\$10 co-pay (deductible waived)	40% after deductible
Preventive Care – Physical Exams	No Charge	Not Covered	No Charge	Not Covered
Hospitalization Services	20% after deductible	40% after deductible; \$600 max. allowable each day	20% after deductible	40% after deductible; preservice notification required
Emergency Care	\$100 deductible;	\$100 deductible;	\$100 deductible	\$100 deductible; pre-service
Services	20% after deductible	20% after deductible	\$100 deduction	notification required
Prescription Drugs	\$10 Generic/\$15 Brand/50%	50% plus: \$10 Generic/\$15	\$10 Generic/\$15 Brand/\$30 Non-Formulary	
(up to a 30 day supply)	Non-Formulary	Brand/\$15 Non-Formulary		

This PPO summary is a Brief Explanation of Benefits. If there is any difference between the preceding and the specific PPO Plan Summary Plan Description (SPD), the benefits as set forth in the SPD will prevail. Refer to the SPD for additional exclusions/limitations, and certification requirements.

^{*}For the PPO level of benefits, the percentages shown above are based on allowable charges and contracted rates with the PPO providers.

^{**}Health Net - For the out-of-network level of benefits, the percentages shown above are based on the Resource Based Relative Value Schedule (RBRVS). The covered person is responsible for charges in excess of RBRVS fees in addition to the co-insurance amount.

^{***}UHC- For Care received from an out-of-network physician, facility or other health care professional means a higher deductible and co-payment. In addition, if a member chooses to seek care outside the network, UHC only pays a portion of those charges and it is the members responsibility to pay the remainder. This amount the member is required to pay, which could be significant, does not apply to the Annual co-pay maximum. The member should ask the out-of-network physician or healthcare professional about their billed charges before receiving care.